item of infor-	should state	of OCCUPA-	
N.Cond. Every	Y. PHYSICIANS	Exact statement	
IS A PERMANENT	stated EXACTL	properly classified.	certificate.
G INK-THIS	GE should be	that it may be	ons on back of c
WITH UNFADIN	fully supplied. A	n plain terms, so	at. See instruction
3.—WRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT INCOMD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH	(3)
County Wareeslee	Registration Dist. No. 332
Village or City Bulin Md,	NoStWard If death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurredyrsmos	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Read Barn	Cupea If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Hemale W OR DIVORCED (write the word)	(Month) (Bay) (Yeer)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
10 0 16 27	1997 10 11 8 1997
6. DATE OF BIRTH (month, day, end year) 7. AGE Yeers Months Days If LESS than 1 day,hrs.	I last saw h; death is said to have occurred on the date stated above, at 1.2.4m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	wera es follows:
8. Trada, profession, or particular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, etc	Entrantisme " 1.
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	a L hirycatrin
U 10. Date daceasad last worked at 11. Total time (years)	
this occupation (month end year) spent in this	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
E 13. NAME Lames a Censes	
E Jumes a agus	
14. BIRTYPLACE (city or town) (Style or country) Md	Neme of operation Date of What test confirmed diegnosis? Clauseal Was there an autopsy?
15. MAIDEN NAME Elanow J. Dones	23. If daath was due to axternal causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Elanal Jt. Rosis 16. BIRTHPLACE (city or town) (Stete or country) Md	Accident, suicide, or homicide? Data of Injury, 19 Where did injury occur?
17. INFORMANT James a. agres (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Sulin Med Date of The 2, 193	Menner of injury Nature of Injury
19. UNDERTAKER A. W. Bushage (Address)	24. Wes disease or injury in any wey related to occupation of deceased? W
20. FILED Hove 9, 19,37 & W Macina	(Signed) Frank Larres M. D. (Address) Vellands MM

If more blanks are needed, address state Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis DEC 3 1937	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUKEAU	July 5, 1927	Peritonitis	3 days ago	
hamadagayan haran karan				
Other contributory causes of importance:		Other contributory causes of importance:	14-148	
Gallstones	May 1,1923	Gastroenteritis	1 year	
			175	

WRITE PLANAY, WITH UNFADING INK-THIS IS A PERMANENT RECOND. Every item of infor-). Every item of infor-
mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	SICIANS should state
LAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	atement of OCCUPA-
TION is very important. See instructions on back of certificate.	

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 12316
1. PLACE OF DEATH	
County / Oscisles	Registration Dist. No. 250
Village or City Pocomobe City Pout	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred 43 yrs	
2. FULL NAME Dessie Banks	If U. S. Veteran, specify WAR 20
(a) Residence: No. Occomple City Med Band	/St., Ward.
(Usual piece of above)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WADOWED.	21. DATE OF DEATH
Themale Colored Married the word)	(Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of Cor) WIFE of Charles 21- Banks	22. I HEREBY CERTIFY, Thet I ettended deceased from
6. DATE OF BIRTH (month, day, and year) March 10 - 1494	I last saw h. end alive on 13, 1937; deeth is seld
7. AGE Yeers Months Deys If LESS than	to heve occurred on the date stated above, et. 10 F.m.
43 8 3 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	From Listony Heart Nout Co
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc	
10. Date decessed lest worked et this occupation (monthwest) 137 spent in this years occupation.	Les Reverle
	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or lown)	-
13. NAME Walson Cellen	
14. BIRTHPLACE (city or town)	Nema of oparation Deta of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME MANY STISSAES 16. BIRTHPLACE (city or town)	23. If death wes due to externel causes (VIOL ENCE) fill In elso tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Charley 2 Banky	Where did Injury occur? (Specify eity or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) to compose city my Noute 3	
Pyte ally All Com: Date 10V. 16., 193.7	Manner of Injury
19. UNDERTAKED Jame & C. (Address)	24. Was disease or Injury In any way related to occupetion of deceased?
20. FILED Nov. 15 1937 Anne & Antite	(Signed) Alfayles M. b
Registrar.	(Address) Coromagle Cel, we

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
1 Dic 4 100:	90			
Other contributory causes of importance:	7.00	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Found attent lying are redemants by Physician
when attempting to get out of car. Fair histories of having
brun shoot or word after the serie Co. To have dearly liver
caused by at heart condition feeling. V had never
seen that salient perior to this time. The deid in
about me Ray how aple Various. aasaine mi

PLACE, OF DEATH	STATE OF MARYLAND
County oceates?	CERTIFICATE OF DEATH
1.	Registration Dist. No. 314
Will a Hurry a	
Village or Charles (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME // // // // // // // // // // // // //	a. number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED.	16 DATE OF DEATH 1081
Of Colored OR DIVORCED WITH	(Month) 3 (Day) 19 (Taly)
6 DATE OF BIRTH	I HEREBY CERTIFY, That Stended the deceased from
7 (Month) (Day) 7 (Year)	that I last saw be alive on 323, 1937
7 AGE If LESS than	and that death occurred on the date stated above, at
15 0 4 1 day hrs.	The CAUSE OF DEATH * was as follows:
8 OCCUPATION grs. ds. or min.?	
(a) Trade, profession or Jouan 1571	of the state of th
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration) yrs. 6 mos. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
I 10 NAME OF	(Daration) yrs
FATHER form I ennett	(Signed)
OF FATHER	*State the Disease Causing Death, by In deaths from
Z (State or country) Cocklar. Md	*State the Disease Caulaing Death, or, in deaths 7 m Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER da Dame.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place In the
(State or Country) Stockers.	of deathyrsmosds. Stateyrsmosds, Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MYKNOWLEDGE	if not at place of death?
(Information) Pennett	usual residence
(Address Docklyn My	Parts Large Centhe Gentle Day 6, 1937
Filed Mars 6 1987 Mary M Tay lo	20 UNDERTAKER ADDRESS
Régistrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
at more plants are needed, address trate Kegistrar	, to me battage wee, water, requesting to be true to

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochou ehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., without more precise specification us required laborer, Farm laborer, Laborer—Coal minc, etc. Woinen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons whatever, write None. for many occupations a single word or term on

Statement of Cause of Death—Name, first, the DIS-EACT CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificats is permanently filed.

STATE	OF	MARVI	AND-	CERTIFI	CATE	OF	DEATH
SIAIL	UL	MARIL	ANU-	CERIIII	CAIL	OL	DEAIL

- 1	6 ,	0	1	()
1	6	0	1	1

1. PLACE OF DEATH	,	(31)	
County Worce	W	Registration Dist. No.352	
Village or City 6 erl	in	No	Ward
London de coldens de character de constant		death occurred in a hospital or institution, give its NAME instead of street and	
Length of residence in city or town where de	ath occurred yrs	ds. How long in U.S. If of foreign birth?yrsm	JS
2. FULL NAME Law	caray De	Fuarely If U. S. Veteran, specify WAR	***********
(a) Residence: No.	(Usual place of abode)	St., Ward. ff nonresident give city or town and	State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH // /O (Month) (Day)	, 193_7
5a. If married, widowed, or divorced		(Month) (Day)	(Year)
HUSBAND of Cohn	Bethards	22. HEREBY CERTIFY, Thet attended 10-5 1937, to 1/-10	
6. DATE OF BIRTH (month, day, and year) m	04 24 18/2	I last saw hear elive on 11-101957	
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, etm.	
75- 5-	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Trade profession or particular	/6 ormin.	were as follows:	Date of onset
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Charles merly	
9) Industry or business In which work was done, as SILK MILL,	2	and the first	
work was done, as SILK MILL, SAW MILL, BANK, etc.	nue wife		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total time (years) spent in this		-
year)	occupation		
	1	Other Contributory Canses of importance:	
12. BfRTHPLACE (city or town)	rulenco	alexander and	-
13. NAME LOLLIS THE	Share	arton SEXANTED	
13. NAME Julianu =	y = , cary		-
4 14. BIRTHPLACE (city or town)	7	Name of operation	~~~~~
1 (State of country)	zy land	What test confirmed diagnosis? Wes there an	sulopsy?
15. MAIDEN NAME / HUSLING	- Warring wie	23. If death wes due to external causes (VIOLENCE) fill in elso the following	g:
15. MAIDEN NAME Harries 16. BIRTHPLACE (city or town)	()	Accident, sulcide, or homicide? Dete of Injury	, 19
E (State or country) Mary	land 1	Where did Injury occur?	
17. INFORMANT Harry (Address) Walnu	Bettierds	(Specify city or town, county and Sta Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL	La	Manner of Injury	
Place Engelest	Date 200 /3 , 1937	Nature of injury	
1 W n	1		21-
19. UNDERTAKER 9	wonge	24. Wes disease or injury in any way releted to occupation of deceased?	-40
(Address) / Bul	~ ma	If so, specify	00
20, FILED Mr/ 1937	o Muniford	(Signed) redesient J. Mico	e.c. M. D.
	h LESPA Registrar.	(Address) Seal Mich	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of importance were a Arteriosclerosis	of death and related causes is follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nep		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	DEC 9 1991	July 5,1927	Peritonitis	3 days ago	
	BURGAU V				
Other contributory c	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

County Wilage or City State County Wars Wars And State Medical County Wars County Wars County Wars County Wars Months Days If It Ess than 1 day the Residence of the State County Wars County Wars Months Days If It Ess than 1 day the Residence of the State County Wars County or town where death occurred and sunders and sunders of the State County Wars Wars Wars Wars Wars Wars Wars Wars		CERTIFICATE OF DEATH
Village or City Langth of rasidance in city or town where death occurred. 3	1. PLACE OF DEATH	Pagistration Diet No. 355
2. FULL NAME (a) Residence: No. (b) Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE, MARKIED, WINDWAY OR DIVORCEO Gravithe tword) 5. II MARKIED, WINDWAY 1. DATE OF DEATH 2. DATE OF DEATH 2. DATE OF DEATH 2. DATE OF BIRTH (month, day, and year) 7. AGE 7. AGE 7. AGE 7. AGE 8. Trade, profession, or particular 8. Inded of work dome, as SPINNER, SINGLE, MARKIED, WINDWAY 1. List saw heth. slivs on. 1. Jay. 1. List saw heth. slivs on. 1. Jay. 1. DATE OF DEATH 2. DATE OF DEATH 2. DATE OF BIRTH (month, day, and year) 1. List saw heth. slivs on. 1. Jay. 2. List saw heth. slivs on. 2. List saw heth. 2. List sa	Village or City Seowells (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVERGE (with the word) OR DIVORCED (write the word	(1' 0 p	
3. SEX 4. COLOR OR RACE OR BYVOKED (wind the work) 5. If merried, widowed, or divorced HUSARD of Or (hilf of Or hilf of	(a) Residence: No.	St., Ward.
Sa. If metried, vidowed, or divorced	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
HUSBAND of (or) WIFE of (or) WI	Kemale white OR DIVORCED (write the word)	100 24 193 7
7. AGE Yaars Months Days If LESS than I day hrs. of min. 8. Trade, profession, or particular were as follows: 9. Industry or business in which work done, as SPINNER, SAWYER, BOUKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL. SAWYER, BOUKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL. SAWYER, BOUKKEPER, etc. 10. Date deceased last worked at this occupation might and year). Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town). Other Contributory Causes of Importance: 13. NAME HER HER HER CONTRIBUTION OF TOWN. What test confirmed diagnosis? Was there an autopsy? Industry Causes of Importance: 23. If death was due to external causes (VIOLENCE) fill in also the following: 24. If death was due to external causes (VIOLENCE) fill in also the following: 25. Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 16. BURIAL, CREMATION, OR REMOVAL Place Contributory in any way related to occupation of decessed? Manner of Injury. 17. INFORMANT Date of injury in any way related to occupation of decessed? Manner of Injury. 18. BURIAL, CREMATION, OR REMOVAL Place Contributory in any way related to occupation of decessed? Manner of Injury. 19. UNDERTAKER Mange of the profession of Injury in any way related to occupation of decessed? (Specify city or town, country and State). 19. Out of the profession of the date steted above, at 10.2 Jan. 19. UNDERTAKER Mange of Injury in any way related to occupation of decessed? (Specify city or town, country and State). 19. UNDERTAKER Mange of Injury in any way related to occupation of decessed? (Specify city or town). 19. UNDERTAKER Mange of Injury in any way related to occupation of decessed? (Specify city or town). 19. Out of the profession of the profession of Injury. 19. Out of the profession of Injury in any way related to occupation of decessed? (Specify city or town). 19. Out of the profession of Injury. 19. Out of the profession of Injury. 19. Out of the professi	HUSBAND of	11-2- 32 11-2 12 37
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOKKEPER, etc. 9. Industry or business in which work was done as SILK MILL, SAW MILL, BANK, atc. 10. Data decasad last worked at this occupation (mgnth and year) spant in this occupation (state or country) 12. BIRTHPLACE (city or town). What test confirmed diagnosis? Was there an au'opsy? 2. (State or country) 14. BIRTHPLACE (city or town). Was there an au'opsy? 2. (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). Was there an au'opsy? 2. (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) A BURIAL (CREMATION, OR REMOVAL Place (Country)) 19. UNDERTAKER (Address)	7. AGE Years Months Days If LESS than 1 day,	lo have occurred on the date steted above, at IO: 30Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. UNDERTAKER (Address) 10. UNDERTAKER (Address) 10. UNDERTAKER (Address) 10. UNDERTAKER (Address) 11. UNDERTAKER (Address) 12. Date of injury (Signath) 13. NAME (Centributery Causes of Importanca: Other Centributery Causes of Importance: Other Centributery Cau	2 Trade profession or particular	were as follows:
Other Ceatributery Causes of Importanca: Nama of oparation What test confirmed diagnosis? Was there an au'opsy? Accident, suicide, or homicida? Other Ceatributery Causes of Importanca: Other Ceatributery Causes of Importanca: Nama of oparation Other Ceatributery Causes of Importanca: Nama of oparation Nam		
14. BIRTHPLACE (city or town) (Stata or country) 15. MAIDEN NAME (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place Date Date 19. UNDERTAKER (Address) Date 19. UNDERTAKER (Address) Date D	12. BIRTHPLACE (city or town) - West Vergenea	Other Contributory Causes of Importance:
14. BIRTHPLACE (city or town) (Stata or country) 15. MAIDEN NAME (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place Date Date 19. UNDERTAKER (Address) Date 19. UNDERTAKER (Address) Date D	13. NAMES Harm Comment Course	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Date Date Date 17. UNDERTAKER (Address) Date 18. Under the did line of line	4 14. BIRTHPLACE (city or town)	
(Specify city or town, county and State) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Book (Address) Date 11/2-7/317 Netura of Injury 19. UNDERTAKER (Address) 16. Specify whather Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of Injury 24. Was disease or injury in any way related to occupation of deceased? (Specify city or town, county and State) Specify whather Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of Injury 19. UNDERTAKER (Address) 16. so, specify (Signad)	15. MAIDEN NAME emanda Amitte	23. If death was dua to external causes (VIOLENCE) fill in also the following:
18. BURIAL, CREMATION, OR REMOVAL Place Could be Date 11/2 7/317 19. UNDERTAKER Manage for injury In any way related to occupation of decessed? 20 (Address) (Address) (Signar) (Signar)	2 (State or country) 17. INFORMANT Miss Jana R. Boggs	Where did Injury occur?
(Addiess) Sellegally See If so, specify (Signar)	18. BURIAL, CREMATION, OR REMOVAL	
11-21 on tolon of Annually (Signad) I heale		
20. FILED IL & C., 199 J. Jeller J.	20. FILED 11-26-, 1997 Helen F- Haywar	(Signad) Formale M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale mcrchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 193	July 5,1927	Perilonitis	3 days ago
J JOEAU			7.61
Other contributory causes of importance:		Other contributory causes of importance:	153111
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH 12320
County Noccello	(22:6)
	Registration Dist. No.
Village or City Grew Will	No. St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number).
Langth of rasidence in city or town whera daath occurredyrs,mos	
2. FULL NAME Osther O. & Jonneulle	If U. S. Veteran, specify WAR 70
(a) Residence: No. Quow Till	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3_SEX	MEDICAL CERTIFICATE OF DEATH
Remale White Widowie the words	21. DATE OF DEATH 100 9 193 (Weer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John 8. Beanneulle	1 HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h N alive on Waren Set 9, 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
76 0 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance warp as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER for sawyer, BOOKKEEPER, atc.	La testina l'obstitution 11/6/20
kind of work done, as SPINNER SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, atc. 10. Oate deceased last worked at this occupation (month and this poculation (month and this poculation) (month and this poculation (month and this poculation) (month and this pocul	Being Quesa : Facal infraction of Charles
10. Oate deceased last worked at this occupation (pronts and year) 11. Total time (years) spant in this occupation	Chronic hemorrhoids
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)	· · · · · · · · · · · · · · · · · · ·
14. BIRTHPLACE (city or town)	Nama of operation
(State or country) Manylling	What tast confirmed diagnosist Seurces Was there an autopsy? M.C.
15. MAIDEN NAME Cordella Honcogo	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME COROLLA LONCOGO 16. BIRTHPLACE (city or town) - Marchan	Accidant, suicide, or homicide? Oats of injury, 19
E (State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT / Callace of Benneylle	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of Injury
Pilco Will agra flor coef Date (VV . 193)	Natura of Injury
19. UNDERTAKER ASSAULE STORY	24. Was disaase or injury in any way related to occupation of daceaged?
(Address) anow fill mg	If so, specify (Signad) (Signad)
20, FILEO ////, 193/ Eloy Dully Registrar.	(Address) Lion Lief, Wild

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

item of infor-	should state	of OCCUPA-	
RECORD. Every	Y. PHYSICIANS	Exact statement	/
A PERMANENT	ted EXACTL	perly classified.	ificate.
THIS IS	d be star	ty be pro	k of cert
NG INK-	AGE shoul	that it ma	ions on bac
UNFADI	supplied.	in terms, so	see instruct
LY, WITH	carefully	TH in plai	portant.
S. WRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	Thation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

Village or City Gull Manager (if death occurred in a hospital or institution, give its NAME installable Langth of residence in city or town where death occurred in a hospital or institution, give its NAME installable Langth of residence in city or town where death occurred in a hospital or institution, give its NAME installable Langth of residence in city or town where death occurred in a hospital or institution, give its NAME installable Langth Hospital Causes of institution, give its NAME installable Langth Hospital Causes of institution, give its NAME installable Langth Hospital Causes of institution, give its NAME installable Langth Hospital Causes of institution, give its NAME installable Langth Hospital Causes of institution, give its NAME installable Langth Hospital Causes of institution, give its NAME installable Langth Hospital Causes of institution, give its NAME installable Langth Hospital Causes of institution, give its NAME installable Langth Hospital Causes of institution, give its NAME installable Langth Hospital Causes of institution, give its NAME installable Langth Hospital Causes of institution, give its NAME installable Langth Hospital Causes of institution, give its NAME installable Langth Hospital Causes of institution, give its NAME installable Langth Hospital Causes of institution (give its NAME installable Langth Hospital Causes of installable Langth Hospital Cau	1 1434	CERTIFICATE OF DEATH	OF MARYLA	STATE	DI AGE OF DE
Village or City Joule 19 10 10 10 10 10 10 10 10 10 10 10 10 10	240	82.50)	-	PAG TO	111
Length of residence in city or town where death occurred . Z. yrs	No. 60	Registration Dist. No	CO -	CALLON OUL	
Length of residence in city or town where death occurred . Zyrs	St., W	ND. f death occurred in a hospital or institution, give its NAME instead of a	md	19 allen	Village or City
(a) Residence: No. (C) Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (waite the word) 3a. If married, widowed, or divorced HUSBAND of Cory Wife of Washington, or particular or with the word of ory Wife of Washington, or particular or min. 5. DATE OF BIRTH (month, day, end yeer) 7. AGE Yeers Months Days If LESS than iday, hrs. or with the word of word of word done, as SPINNER, SAWYER, BODKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BAK, etc. 11. Date deceased last worked at this occupation month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Whet test confirmed diagnosis? 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? Specify city or town. Specify whether injury occurred in INDUSTRY, in MOME, company of Injury Nature of I			death occurred . Z.yrs.	ce in city or town where o	Length of residence i
(a) Residence: No. (busidence of abode) (Classificate of abode) PERSONAL AND STATISTICAL PARTICULARS S. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (curric the word) a. If married, widowed, or divorced HUSBAND of (cry wife of) DATE OF BIRTH (month, day, end yeer) AGE Yeers Months Days If LESS than iddy, hrs. Iddy, hrs. SAWYER, BODKEEPER, etc. J. Industry or business in which work done, as SPINNER, SAWYER, BODKEEPER, etc. J. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked at this occupation or month and year) SIRTHPLACE (city or town) (State or country) 13. NAME Manuel 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME Manuel 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 8. BURIAL, CIENANDN, OR REMOVAL Place AMADN, OR REMOVAL Place		If U. S. Veteran, specify WAR	otm Bo	Muaa	. FULL NAME
DATE OF BIRTH (month, day, end year) Birther Personal And Statistical Particular Birde, profession, or particular Sind of work done, as SPINNER, SAWYER, BODKKEPPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, O'EMAIDN, DR REHOVAL Place ALL ALL ALL Place ALL Place ALL PRINCIPAL CAUSE OF DEATH and related causes of injury Newer occupring the country Whet test confirmed diagnosis? 21. DATE OF DEATH (Month) 22. DATE OF DEATH (Month) 22. DATE OF DEATH (Month) 23. DATE OF DEATH (Month) 24. DATE OF DEATH (Month) (Month) 25. DATE OF DEATH (Month) 26. DATE OF DEATH (Month) 27. Information of wind and stated above, etc. 28. BIRTHPLACE (city or town) (State or country) 19. Undertake Place ALL PRINCIPAL MEDICAL CERTIFICATE OF 21. DATE OF DEATH (Month) 22. DATE OF DEATH (Month) 22. DATE OF DEATH (Month) 23. DATE OF DEATH (Month) 24. DATE OF DEATH (Month) 25. DATE OF DEATH (Month) 26. DATE OF DEATH (Month) 27. Information or particular (Month) 28. BIRTHPLACE (city or town) (State or country) Whet test confirmed diagnosis? 29. Il death was due to external causes (VIOLENCE) fill in a Accident, suicide, or homicide? 29. Date of Months (Month) 20. Date of DEATH (Month) 20. Date of DEATH (Month) 20. Date of DEATH (Month) 21. DATE OF DEATH (Month) 22. DATE OF DEATH (Month) 23. DATE OF DEATH (Month) 24. Was disease or injury in any way rejected to occupanter 24. Was disease or injury in any way rejected to occupanter 24. Was disease or injury in any way rejected to occupanter 24. Was disease or injury in any way rejected to occupanter 24. Was disease or injury in any way rejected to occupanter 25. DATE OF DEATH (Month) 26. DATE OF DEATH (Month) (Month) 27. DATE OF DE		St., Ward.	Beilin	No. 1 Vi	(a) Residence: No
4. COLOR OR RACE OR DIVORCED (curie the word) 3. If married, widowed, or divorced HUSBAND (Month) 3. DATE OF BIRTH (month, day, end yeer) 4. AGE Yeers Months Days If LESS than I day,hrs. orhrs. o		If nonresident give city or			
OR DIVORCED (currice the word) A A If married, widowed, or divorced HUSBAND of (or) WIFE of BY BRT I PY I S. DATE OF BIRTH (month, day, end yeer) Months Days If LESS than iday, hrs. of min. S. Trede, profession, or particular kind of work done, as SPINNER, SAWFR, BODKEPER, etc. S. Industry or business in which work was done as SSIK MILL, SAW MILL, BANK, etc. D. Date doceased last worked at this occupation month and year) Cocupation Description of the same of operation. Description of the same of operation. Description of the same of operation. Name of operation. Specify city or town) (State or country) To MAIDEN NAME May a subject of the same of the	DEATH				
a. If married, widowed, or divorced HUSBANO wed, or divorced HUSBANO with BREBY BRT I FY I (or) WIFE of Windows Months Days If LESS than iday,	193	21. DATE OF DEATH		COLOR OR RACE	SEX 4. CC
HUSBAND of (or) WIFE of War Board 6 8 50 I. AGE Yeers Months Days If LESS than iday,	(Day) Year	(Month) (Day)	Michael	ua	male
i lest saw h	Light i attended decision	22 HAR BBY CERTIFY DATE		1. 10	HUSBAND of
AGE Yeers Months Days If LESS than I day, hrs. or min. 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEPER, etc. 9. Industry or business in which work was done as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (state or country) 13. NAME DONE Tay Lot (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME Manager Lot (State or country) 16. BIRTHPLACE (city or town) (State or country) 7. INFORMANT Add Manager Lot (State or country) 7. INFORMANT Add Manager Lot (State or country) 7. INFORMANT Add Manager Lot (State or country) 8. BURIAL, CEMATION, OR REMOVAL (Address) 8. BURIAL, CEMATION, OR REMOVAL (Address) 8. BURIAL, CEMATION, OR REMOVAL (Address) 9. UNDERTAKER Add Affillment of the date stated above, et and iday, hrs. or min. The particular and the particular day. In the particular and the particular	U. 10	1000	auch	om 12	
8. Trede, profession, or particular Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work adone, es SILK MILL, SAW MILL, BARK, etc. 10. Date deceased last worked at this occupation (month and year) year) 11. Total time (years) spent in this occupation. 12. BIRTHPLACE (city or town) (State or country) 13. NAME FOR The Country of the c	; death is	i lest saw h alive on	May 6 18	nth, day, end yeer)	DATE OF BIRTH (month,
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPPER, etc. 9. Industry or business in which work was done, as SPINNER, SAW MILL, BARW, etc. 10. Date deceased last worked at this occupation with and year? 2. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURTHPLACE (city or town) (State or country) 19. UNDERTAKER 19. June 10. June 11. June 11. June 12.		to have occurred on the date stated above, et	11/	Months	AGE Yeers
kind of work done, as SPINNER, SAWYER, BODKKEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (state or country) 11. Total time (years) spent in this occupation. Dther Contributory Causal of Importance 12. BIRTHPLACE (city or town) (State or country) 13. NAME DOWN DAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Causal of Importance Where did Injury occurred in INDUSTRY, in HOME, or Menner of Injury Place Causal of Injury Nature of Injury 19. UNDERTAKER 24. Was disease or injury in any way releted to occupation	Date of	The CAIRCLAST CAOSE OF DEATH and Isasted causes of Hilborts		6	8/
Description Contributory Cause of Importance Description (State or country) 13. NAME Correction Service State or country) 14. BIRTHPLACE (city or town) Service State or country) 15. MAIDEN NAME Magaett Solution Accident, suicide, or homicide? Date of (State or country) 16. BIRTHPLACE (city or town) Service State or country) 17. INFORMANT Service State or country) 18. BURIAL, CIEMATION, OR REMOVAL Magaett Service Specify city or town, Specify whether injury occurred in INDUSTRY, in HOME, or Nature of injury Nature of injury 19. UNDERTAKER AS At Shewart 24. Was disease or injury in any way related to occupation and the companion of the country occurred to occupation and the companion occurred to occupation and the companion occurred to occupation and the companion occurred in injury Nature of injury In any way related to occupation and the companion occurred to occupation and the companion occurred in injury in any way related to occupation and the companion occurred in injury in any way related to occupation occurred in injury in any way related to occupation occurred in injury in any way related to occupation occurred in injury in any way related to occupation occurred in injury in any way related to	TRUE 6	Cresoral Hendork		n, or particular done, as SPINNER,	8. Trede, profession, o kind of work do
Description Descri	(/	•	Cefit How	ness in which	SAWYER, BODK 9. Industry or busines
Description Descri			no wo	ne, es SILK MILL, BANK, etc	work was done, SAW MILL, BAN
Description occupation Description Contributory Causal of Importance Description Causal of Importance Description Causal of Importance Description Causal of Importance Name of operation. Name of operation. Whet test confirmed diagnosis? 23. If deeth was due to external causes (VIOL ENCE) fill in a Accident, suicide, or homicide? Description occurry. Description occurry. Description occurry. Name of operation. Whet test confirmed diagnosis? 23. If deeth was due to external causes (VIOL ENCE) fill in a Accident, suicide, or homicide? Description occurry. Specify whether injury occurred in INDUSTRY, in HOME, of Accident, suicide, or homicide? Nement of Injury Place State or country. Menner of Injury Nature	8		11. Total time (yea	ast worked at	1D. Date deceased last
(State or country) 13. NAME CONCENTRATION, OR REMOVAL MALE CALLED AND ACCORDANCE OF INJURY 14. BIRTHPLACE (city or town) (State or country) Whet test confirmed diagnosis? 23. If deeth was due to external causes (VIOLENCE) fill in a Accident, suicide, or homicide? Date of Country Where did Injury occur? (Specify city or town, Specify whether injury occurred in INDUSTRY, in HOME, or Accident, CIEMATION, OR REMOVAL MALE CIEMATION, OR REMOVAL MAL		Dther Contributory Cause of Importance	occupation .	70	year) - 2-3
13. NAME Cornes Taylor 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CIEMANON, OR REMOVAL Place State 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 24. Was disease or injury in any way releted to occupation 24. Was disease or injury in any way releted to occupation	DIL	Myserwell	lin		
Whet test confirmed diagnosis? 15. MAIDEN NAME Magally Character (Violence) fill in a Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) Bullion (State or country) 17. INFORMANT (Address) 18. BURIAL, CIEMATION, OR REMOVAL And Place		-			1
Whet test confirmed diagnosis? 15. MAIDEN NAME Magally of Salary (Violence) fill in a Accident, suicide, or homicide? 16. BIRTHPLACE (city or town)		<i>()</i>	year	mes Ja	13. NAME
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 7. INFORMANT (Address) 18. BURIAL, CIENATION, OR REMOVAL Place Care 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 10. BIRTHPLACE (city or town) (Specify city or town) Specify whether injury occurred in INDUSTRY, in HOME, or Menner of Injury Nature of injury 19. UNDERTAKER 24. Was disease or injury in any way releted to occupation	Dete of		Bullen		
Where did injury occur? (Specify city or town, Specify whether injury occurred in INDUSTRY, in HOME, of (Address) 8. BURIAL, CIEMATION, OR REMOVAL Place P			1 1 100		
7. INFORMANT AND Where did Injury occur? (Specify city or town, Specify whether injury occurred in INDUSTRY, in HOME, of (Address) 8. BURIAL, CIENAPION, OR REMOVAL MARKER Date And Shewart 1937 9. UNDERTAKER As As Shewart 24. Was disease or injury in any way related to occupanting			Die Jon	1	
7. INFORMANT Add Punll Specify whether injury occurred in INDUSTRY, in HOME, of (Address) 8. BURIAL, CIEMATION, OR REMOVAL MALE Menner of Injury Place Paul Champer Date Address 9. UNDERTAKER As Affiliation Cocupation 24. Was disease or injury in any way related to occupation	of injury, 19.		outer		
(Address) 8. BURIAL, CHEMAZION, OR REMOVAL Place State Place State A State of Injury Nature of Injury Nature of Injury Nature of Injury 19. UNDERTAKER 24. Was disease or injury In any way releted to occupanting	, county and State)	(Specify city or town, count	11/1	1 Pu	71
18. BURIAL, CHEMAZION, OR REMOVAL Med Menner of Injury Place State Paul Comp. Date for 19. 193 > Nature of Injury Nature of Injury 19. UNDERTAKER As As Shewart 24. Was disease or injury In any way releted to occupant	WITH FORLIC PLACE.	open, and injury occurred in industri, in nome, of in pr	7	Bul	
19. UNDERTAKER 24. Was disease or injury In any way related to occupation		Menner of Injury	nd 1	OR REMOVAL 2	
S. OHDERTAILE	\mathcal{O}	>	Date / Du 4	Carel Usan	Place Globe 1
S. OHDERTARCH	of deceased? V. K	24. Was disease or injury in any way releted to occupation of dec	want	and Ste	UNDERTAKER LA
(Address) / Paliners and If so, specify	Va PH		relieu	sal	(Address)
20. FILED 100 3 1987 20 man (Signed)	- June	(Signed)	20 moza	1987	FILED JON 3
If more blanks are ne ded, addies State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	- 4nd		- Between	R	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

* To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of dcath.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related of importance were as follows:	auses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis DEC 9 10	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 SUREAU V			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

IARGIN RESERVED

WRITE PLA

1. PLACE OF DEATH		(34)
County Woce	sler	Registration Dist. No. 30/
Village or City Dectar	da SursoTtie	e_NoSt.,Ward
Length of residence in city or town wh		f death occurred in a hospital or institution, give its NAME instead of street and number)
0 1	ere death occurred yrs mo	sds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Joul	77 Maller	If U. S. Veteran, specify WAR
(a) Residence: No.		St., Ward.
PERSONAL AND STATE	(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH AND
male Col	OR DIVORCED (write the word)	(Month) (Day) (Yeir)
5a. If married, widowed, or divorced HUSBAND of		22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	AR AR	22. HEREBY CERTIFY, That I attended daceased from 19, 19, 19
6. DATE OF BIRTH (month, day, and year)	nov. 4, 1937	I last saw h alive on, 19; death is said
7. AGE O Yaars O Months	Days 9 If LESS than	to have occurred on the date stated abova, at
	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular		no socior us allendance
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Weakling Farm birth.
9. Industry or business in which work was done, as SILK MILL,		Midwife Days County
SAW MILL, BANK, etc	11. Total time (years)	leurse pair phild 11/1/2/37
O this occupation (month and year)	spant in this	and said it was a
0.76	id Seems XL'es	Other Contributory Cares of importance:
12. BIRTHPLACE (city or town) (State or country)	Mol	cace N & 14 growing
1 0 0	Quett.	
E	and String note	
14. BIRTHPLACE (city or town) (State or country)	in street Ma	Nama of operation
	the contract of	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME M ave	a Alexander	23. If daath was dua to axternal causes (VIOL ENCE) fill in also the following:
	a grange	Accident, suicide, or homicide?
(Stata or country)	a ma	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Addrass)	Wiel Ma	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL,	2 6:-	Manner of injury
Placa Cott Danse	9 Data / 3 19 3 /	Natura of injury
19. UNDERTAKER Tother	Burley Bratte	, 24. Was disease or injury in any way related to occupation of deceased?
(Address)	July Ina	If so, spacify
20. FILED /// 3, 193/ 5	ELOY Dutt	(Signed) Section Section (Address) Section (Signed) Section (Address) Section (Signed) Sect
	Registrar.	(Address) Allow Nell Mac

If more blanks/are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deccased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago 1921 Run over by street car Chronic interstitial nephritis 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroen teritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

BINDING

ARGIN RESERVED

S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH of infor-OCCUPA 1. PLACE UF DEATH plnods County /// Registration Dist. No. item (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?______vrs._____mos._____ds. statement If U. S. Veteran, specify WAR (a) Residence: No. If nonresident give city or town and State (Usuai place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEY 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH OR DIVORCED write the word (Month) assified. 5a. If marriad, widowed, or divorced HUSBAND of I HEREBY CERTIFY. Thet t attanded deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate 7. AGE Years Months. Davs if LESS than to have occurred on the date stated above, et 1 day.____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of onset 8. Trede, profession, or perticular LION kind of work done, as SPINNER Jo SAWYER, BOOKKEEPER, etc.____ back may 9. Industry or business in which OCCUPA work was done, as SILK MILL, SAW MILL, BANK, atc ... no 10. Data deceased last worked et 11. Total tima (years) this occupation (mon spant in this year) instructions occupation __ Other Contributory Causes of Importanca: 12. BIRTHPLACE (city or tow (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) Neme of operation_____ Date of (Stata or country) What tast confirmed diagnosis? Was there an autopsy? important. MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide?_____ Date of Injury______19____ 16. BIRTHPLACE (city or town) DEATH (State or centry Whare did Injury occur?____ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMAN pluods (Address) OF 18. BURIAL, OREMATION, OR REMOVAL Manner of Injury WRITE CAUSE Data_ TION Natura of Injury 24. Was disease or injury in any way related to occupation of deceased? (Address) if so, spacify (Signed) Registrar. If more blanksare needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURGAU V, S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

OCCUPA-

3. SEX

7. AGE

OCCUPATION

HER

FAT

MOTHER

LION

S. No. 1

12. BIRTHPLACE (city or town (State or country)

15. MAIDEN NAME

14. BIRTHPLACE (city or town). (Stata or country)

16. BIRTHPLACE (city or town)_ (State or country)

18. BURIAL, CREMATION, OR REMOVA

13. NAME

17. INFORMANT

19. UNDERTAKER

20. FILED.

(Address)

(Address)

plnods

12324 STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where daeth occurred. How long in U.S. if of foreign birth?_____yrs.____mos.____ds. 2. FULL NAME If U. S. Veteran, specify WAR (a) Residence: No. ff nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Day) (Month) 5a. If merriad, widowad, or divorced HUSBAND of Phet i attended deceased from (or) WIFE of (6. DATE OF BIRTH (month, dev. end year) Days Yaars Months If LESS than to have occurred on the date stated abova, et ... 1 day,hrs. The PRINCIPALZCAUSE OF DEATH end ralated causes of Importance 0 or____min. Daté ol onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... 9_Industry or business in which work was dona, as SILK MILL SAW MILL, BANK, etc 10. Date daceased last worked at 11. Totel tima (years) this occupation (month and spent in this

What test confirmed diegnosis?_. 23. If death was due to external causes (VIOLENCE) fill in also the following: Where did Injury occur?____

occupation __

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Mennar of injury Nature of Injury ...

Neme of operation

24. Was disease or injury in any wey releted to occupation of deceased?

If so, specify (Signad)

Was there an eutopsy?

(Specify city or town, county and State)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis ED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEC 3 1937	July 5,1927	Peritonitis	3 days ago
OIL BILLINGSALL V. S			
Other contributory causes of importance:		Other contributory causes of importance:	= 15 M
Gallstones	May 1,1923	Gastroenteritis	1 year

ION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	82-20
County Horcesler	Registration Dist. No. 35-2
Village or City Ocean City	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth? yrs. mos. ds
2. FULL NAME Valley Kate Cla	of mel
(a) Residence: No.) — I (Usual place of abode)	St., Ward. Weens Coly MMe If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH ROW (Day) (Pear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Dec 24, 1857	i iast saw het of silve of of clearly look, 1927; death is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at
// / / 8 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Derebias removerage More
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked el this occupation (month and	was way in my sound
10. Date deceased last worked el II. Total time (years) spent In this year)	
12. BIRTHPLACE (city or town) Schopvelle (State or country)	Other Contributory Causes of Importance:
13. NAME demuel Selling.	
(State or country)	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME Vally Lathterny,	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Sally Salhtung, 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?
17. INFORMANT Leo 24. Clark.	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Ocean City Md.	
18. BURIAL, CREMATION, OR REMOVAL Piace Jaylongulle, More Nov. 9 1937	Menner of Injury
19. UNDERTAKER M. Paska Hallow	Nature of injury 24. Was disease or injury in any way related to occupation of deceased?
20. FILED 11- 7- ,1937 1-8 Myserify	(Signed) M. D
If more blanks are needed, address State Registrar,	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at sehool or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronie interstitial nephritis DEC 3 Run over by street car 1921 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory eauses of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	THIN CORPOSATE LIMITS OF (2/3) Registration Dist. No. 350
County // Culled	Registration Dist. No. 250
Village or Cil recomple City	NoSt,Ward
Length of residence in city or town where deet/hoccurped)yrsmos	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foraign birth?yrsmosds.
2. FULL NAME CERCIE J. Costern	20 13
	If U. S. Veteran, specify WAR 1
(a) Residence: No. Complete (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH IN
emale Colored OR DIVORCED (wing the word)	(Month) (Oay) (Yaar)
. If marriad, widowed, or divorcad HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY That I attended deceased from
DATE OF BIRTH (mash day of Card of 1916	I last saw h A. aliva on
DATE OF BIRTH (month, day, and year) Cluy- 4 - /9/0 AGE Years Months Days If LESS than	to have occurred on the data steted above, at
4 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance
8. Trade, profession, or particular	were as follows:
SAWYER, BOOKKEEPER, etc. Jaunework	(, f) a 0 1 fam
9. Industry or business In which work was done, as SILK MILL, Press I	Tulmoram Luberculos
SAW MILL, BANK, etc.	
Spantin this	
yaar) occupation occupation	Other Cantributary Causes of importance:
BIRTHPLACE (city or town) May be a series (State or country)	
13. NAME HOURS HOUSE	Lankelous of deg faily.
10000 GOOD A	Det elle
(Stata or country)	Name of operation Oate of
15. MAIDEN NAME Marthe, Constens	What test confirmed distributes an autopsy? Was there an autopsy?
	23. If daath was dua to axternal causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town) - Market (Stata or country)	Accidant, suicida, or homicida? Date of injury, 19 Where did injury occur?
Moseul Prostent 0	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Address Incomple Cett my	Specify whethat injury occurred in INDUSTRY, in HOME, of in PUBLIC PLACE.
BURIAL, CREMATION, OB REMOVAL	Manner of injury
Place all full com. Oate 111, 19, 1937	Nature of injury
HADERTAKE HEARINE & Lean 100	24. Was diseasa or injury in any way related to occupation of dacaased? 200
(Addrass) Pocomohe Orto My	if so, specify
N. 10 27 6/ 8/0/1-1	(Signad) Secure (M)
FILEO NOV. 19 192) Cuche Co Abliche	(orginal)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	. 1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 7 A 1931	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(31)
County Worcesler	Registration Dist. No. 35/
Village or City newarte (7.7. D.	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Justie W. Donnis.	If U. S. Veteran, specify WAR
(a) Residence: No. Newark his.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) That	21. DATE OF PEATH (Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBAND of	
(or) WIFE of alice Dennis.	22 HEREBY STRITTEN. That I attended daceas from
6. DATE OF BIRTH (month, day, and year) Was dy . // 1863	Mast saw hum aliva on 7000 9 32; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date steted above, at ID-L-m.
74 7 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were as follows:
8. Trede, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, atc.	
SAWYER, BOOKKEEPER, atc.	Chronic Interstitial
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc.	rjepauus
TO. Date deceased last worked at this occupation (month end year) occupation	
12. BIRTHPLACE (city or town) Maryland.	Other Contributory Cardes of importance:
(State or country)	Ohrowed
13. NAME unknown.	
13. NAME	Neme of operation Date of
(Stata or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Culvert Dennis	23. If death was due to external causes (VIOL ENCE) fill In elso the following:
16. BIRTHPLACE (city or town) Maryland. (State or country)	Accident, suicida, or homicida? Date of Injury, 19
20 0 0 .	Where did Injury occur?(Specify city or town, county and State)
(Address)	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Cedar Chapel Md Data Dev. 12, 1937	Neture of Injury
19. UNDERTAKER D. W Burbone	24. Wes disease or Injury In any way releted to occupation of the cassed?
(Address) Berlin, Md.	If so, specify
20. FILED 11/12, 1937 LECoy Swith Registrar.	(Signad) (Address) Here Pur M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important-diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related ca of importance were as follows:		The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis DE 0 DE	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Construction of the second state of the second state of the second state of se	22 market are a second			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			<u> </u>	

County County	Car :	777	Registration Dist. No. 350
Village or City Oceanor	e death occurred	Jeff DTF: (I	No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number) s. ds. How long in U.S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Cale	info		Every
(a) Residence: No.	(Usual place	of abode)	St., Ward. If uonresident give city or town and State
PERSONAL AND STATIS	TICAL PARTI	ICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)			21. DATE OF DEATH
5e. It married, widowed, or divorced			(Month) (Day) (Year)
HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	nov. 19-	1937	I last saw handlive on 1937, to 1937, death is said
7. AGE Yaars Months	Days	If LESS than 1 day,hrs. ormin.	were a collone.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	no		Oute of Onest
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc			The 1
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total t	time (years)	Intestinal obstruction was congenital
yaar) occupation 12. BIRTHPLACE (city or town)			Other Coutributery Causes of importance:
(State or country)	E		
13. NAME 14. BIRTHPLACE (city or town)	3		Name of operation Date of Date
	Salo	heeld	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME ROSS 16. BIRTHPLACE (city or town) (State or requnity)	d .		23. If death wes dua to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
17. INFORMANT (Address)	5.6	rec)	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BORIAL CREMATION OF REMOVAL	Date OV	27 ,1937	Manner of injury
19. UNDERTAKER	D	2-2	24. Was diseasa or injury In any way related to occupation of deceased?
20. FILED NOV. 27, 1937	anu E	Mile	If so, specify (Signed) (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR FURTHER	STATEMENTS BY	PHYSICIAN	0
for sulparisation &	Change births	loce sel	Poster sendal	Deune.
0	0		//	12-2/38.
			7	-1, 201

PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAstated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be nation should be carefully supplied. WRITE PLAINLY,

FOR BINDING

IARGIN RESERVED

V. S. No. 1

ż

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	948			
County Worces lei.	Registration Dist. No. 352			
Village or City Berlin.	NoSt.,Ward			
	(If death occurred in a hospital or institution, give its NAME instead of street and number)			
1 7 '	os,ds. How long In U.S. If of foraign birth?yrsmos,ds.			
2. FULL NAME James Ouney.	If U. S. Veteran, specify WAR			
(a) Residence: No. U Burlin my	St., Ward.			
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH			
PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE-OF DEATH			
male colored OR DIVORCED (write the word)	Ronesselser 19 193.7 (Month) (Day) (Year)			
a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded deceased from			
	- 1/- 19 ,19 57, to 1/-19 ,1937			
DATE OF BIRTH (month, day, and year)	I last saw h and aliva on 17 , 1951; death is said			
AGE Years Months Days If LESS than 1 day,hr	to have occurred on the data stated above, at			
ormin.	ware as follows: Date of one ot			
8, I rada, profassion, or particular kind of work done, as SPINNER,	Coronary Mombooks 11-193			
SAWYER, BOOKKEEPER, etc				
work was done, as SILK MILL, Salvetets. A				
10. Date deceased last worked at 11. Total time (years)				
this occupation (month and year) spen with occupation	Other Contribution Comments			
2. BIRTHPLACE (city or town).	Other Cantributery Causes of Importance:			
(State or country)				
13. NAME Dazudiniousom.	• •			
14. BIRTHPLACE (city or town)	Name of operation			
(State or country)	What test confirmed diagnosis? Was there an autopsy? Z-			
15. MAIDEN NAME IMPROVINGE - 100	23. If death was due to external causes (VIOLENCE) fill in also the following:			
15. MAIDEN NAME PRODUCT - 10 W	Accident, sulcide, or homicide?			
16. BIRTHPLACE (city or town) (Stata or country)	Where did Injury occur?			
7. INFORMANT of I ballens	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
(Address) Berlin Md.				
8. BURIAL, CREMATION, OR REMOVAL CEM (Cal) Place St. Pauls Cem (Date) TU. 22, 193	Manner of injury			
Placa 24, 1 auss . Data / [TU, 22,193]	Nature of injury			
9. UNDERTAKER J. W. Berlin, and	24. Wes disease or injury in any way related to occupation of decaased? 2-0			
10. FILED Nov 22, 1937 I Q Mounified	(Signed) frederick & herolf M.			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis DLC 3 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
----------------------	---------	------------	---------------	-----------

STATE OF MADVI AND CEDTIFICATE OF DEATH

PHYSICIANS should state Exact statement of OCCUPA.

CARD. Every item of infor-

UNFADING INK-THIS IS A PERMANENT R

AGE should be

SE OF DEATH in plain terms, so that it may

on should be carefully supplied.

PLA

V. S. No. 1

ARGIN RESERVED FOR BINDING

stated EXACTLY. properly classified.

1. PLACE OF DEATH	946)
County DI wrester	Registration Dist. No. 3 & 2
	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) os. ds. How long in U.S. If of foreign birth? yrs. mos. ds
1 1 D T.	
2. FULL NAME Jope (Jalen	If U. S. Veteran, specify WAR
(a) Residence: No. Aff mastering (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the wort)	21. DATE OF DEATH November 27 de 1937 (Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Busse Heerman	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Lest. 6. 1866	I last saw h Lisa allve on 11-27, 1937; death is sail
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 7:00 A-m.
7/ 3 2/ 1 day,hr	there are follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Coronay Thrombosis Date of one of 11-27-3'
9. Industry or business in which	
SAW MILL, BANK, etc.	
spent in this	
year)occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	Generalized arterios elevosis
1 7 7	
# 13. NAME John Heenan	
14. BIRTHPLACE (city or town)	Name of operation
(State of County)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Jephine Butting han	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Laghine Butting ham 16. BIRTHPLACE (city or town) mds (State or country)	Accident, suicide, or homicide?
- (State of Country)	Where did injury occur?
17. INFORMANT May Gelle Druis	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Shaulle md. 18. BURIAL, CREMATION, OR REMOVAL	
Place Louslin md. Date Mrd. 29, 193	Manner of Injury
19. UNDERTAKER J.	24. Was disease or injury in any way releted to occupation of deceased?
20. FILED Not 19, 1937 IV Muniford	(Signed) F. S. Rucoll M. I (Address) Berlin, Md.
10-2-14	17, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes Date of onset of importance were as follows:			Example II		
			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1000	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	0.44	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	Establish V.	July 5.1927	Peritonitis	3 days ago	
y I	and the state of t	eratus sta			
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FUI	THER STATEMENT	BY	PHYSICIAN
--------------------------	----------------	----	-----------

1. PLACE OF DEATH	(3);			
County Warleslu	Registration Dist. No. 3V 7			
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.			
111-10	us. now long in 0.5. It of foreign birth?yrsmosus.			
(a) Residence: No. Fuluvalle, Nel (Usual place of abode)	St., Ward. If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) whate whate surclaring	21. DATE OF DEATH (Month) (Day) (Year)			
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from			
6. DATE OF BIRTH (month, day, and year) 7 1856	I last saw h alive on ANV 1 15 1937; death is sald			
7. AGE Years Months Oays If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at //m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:			
8. Trade, profession, or particular	Chronic Alekhring			
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 11 Total time (years)	a and			
11. Total time (years) this occupation (month and year)	Valendar disease of heart 6 more			
12. BIRTHPLACE (city or town) & new Kill (State or country)	Other Contributory Causes of importance:			
13. NAME William Treemon.				
14. BIRTHPLACE (city or town) www full. (State or country)	Name of operation Date of			
15. MAIDEN NAME Ruis Hayla	What test confirmed diagnosis?			
16. BIRTHPLACE (city or town) And Thill (State or country)	Accident, suicide, or homicide? Date of injury, 19			
17. INFORMANT Thomas Freeman (Address) Franking outre Nove	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.			
18. BURIAL, CREMATION, OR REMOVAL Place Valuevalle, Mil Oate Mov, 20, 1957	Manner of Injury			
19. UNDERTAKER A.C. Skiller. (Address) Hew Chiefe Va	24. Was disease or injury In any way related to occupation of deceased? Ala			
20. FILED A ON D. 1927 May My Tay la Registrar.	(Signed) In he Dickerson M. D.			

STATE OF MARYLAND-CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		2505 0 023	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

OCCI plnods JO Exact may plnods that instructions See plain efully important DEA' plnods

OF

LION

BINDING

RESERVED

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. N (If death occurred in a hospital or institution, give its NAME instead of street and number) Langth of residence in city or town where death occurred..... If U. S. Veteran, specify WAR (a) Residence: No. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) 56. If married, widowed, or divorcad HUSBAND of That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Days If LESS than to heve occurred on the dete stated above, at-I day....hrs. The PRINCIPAL CAUSE OF DEATH end ralated causas of Importance or____min. Date of baset 8. Trada, profession, or particular kind of work dona, as SPINNER, OCCUPATION SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc..... TO. Date daceased last worked a II. Total tima (years) this occupation (months spent in this 5 Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (Stata or country) FATHER 13. NAME 14. BtRTHPLACE (city or town) Name of operation (State or country) What test confirmed diagnosis? Wes there en autopsy? MOTHER 15. MAIDEN NAME 23. If death was dua to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur?_____ (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL CREMATION OR REMOVAL Menner of Injury Nature of Injury____ 24. Was diseasa or injury in any way releted to occupation of decaased? 19. UNOERTAKER (Addrass) tf so, specify (Address) ___

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I The principal cause of death and related causes of importance were as follows:			Example II		
			The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	MECENNEL	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephr	itis	1921	Run over by street car	I week ago	
Cerebral hemorrhage	DEC 6 1937	July 5,1927	Peritonitis	3 days ago	
		11			
Other contributory can	uses of importance:	espectal.	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12333
1. PLACE OF DEATH	82.0
County Horsester	Registration Dist. No. 362
Village or City Burley	No. St., Ward
(If Length of residence In city or town where death occurred 21 yrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign birth? yrs. mos. ds.
11/1/1/2/	Mand
2. FULL NAME (NOTICE) (1, 140	St. Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH OF (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cobbie Hallond	22. I HEREBY CERTIFY, That I attended deceased from Norch 16, 19,37, to Nov 19, 19,37
6. DATE OF BIRTH (month, day, and year) 21. 1877	1 last saw harry alive on 7202 19 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at £20.7 £m.
60 8 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of one of
SAWYER, BOOKKEEPER, etc.	Cerebras Almoortage 11/143
work was done, as SILK MILL, SAW MILL, BANK, etc	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and spant in this	
year) HAV 19.143.1. occupation.	Other Cnatributory Canses of Importance:
12. BIRTHPLACE (city or town) Mellon	
(State or country) Allawore.	
13. NAME When Halland.	
14. BIRTHPLACE (city or fown) (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
H	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
(10) - 12 -00 - 0	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address)	Specify whether many occurred in thousand, in home, or in robert reads.
18. BURIAL, CREMATION, OR REMOVAL Deckinghow Civil	Mahner of Injury
Place Denlin Md. Date Nov 21, 1937	Nature of injury
19. UNDERTAKER M. Lasha Watson	24. Was disease or injury in any wey related to occupation of deceased? 70 1
(Address) Sellewelle Del	If so, specify
20, FILED Mr20, 19 DV Migniford	(Signed Frederich S. Hegeal C. M. D.
Kless, Registrar.	(Address) Jan On

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II		
The principal cause of importance were a	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	DEC 9 1007	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage Service V. S.		July 5,1927	Peritonitis	3 days ago	
Other contributory	causes of importance:		Other contributory causes of importance:	-	
Gallstones		May 1,1923	Gastroenteritis	1 year	
				1	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

ARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 12331
1. PLACE OF DEATH	Jojia/ =
County W Meester	Registration Dist. No. 35/
Village or City Ann Thill Of A	St., Ward
Length of residence in city or town whara death occurred	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds
1	14
2. FULL NAME / Journ / Jan	alam If U. S. Veteran, specify WAR / 100 .
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give gity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 200, 6 - 193 (Month) (Day) (Year)
ia. If marriad, widowad, or divorcad HUSBAND of	
(OF) WIES OF I day Halston	22. I HEREBY CERTIFY, That I attended decasas from
DATE OF BIRTH (month, day, and year) Nad. 14 1859	I last saw hours alive on 400 . 3 1 1937; death is said
AGE Years Months Days If LESS than	to have occurred on the data stated above, at 230 Pmm.
79 11 22 1 day,hrs.	THE TRINCE OF BEATH and teladed causes of importance
8 Trade profession or particular	Monetto Memoria Datepione
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	
10. Date deceased last worked at 11. Total time (years)	
this occupation (month and 1937 spant in this 50 occupation 50	
BIRTHPLACE (city or town) Md (Stata or country)	Other Contributory Carters of Importance: 10/257
13. NAME Camelo Walston	
14. BIRTHPLACE (city or town)	Name of operation
((State or country) Mag	What test confirmed diagnosis? Claireal Was there an autopsy?
15. MAIDEN NAME Flew & Rattedge	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Eller , Mattedge 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
(State or country) Med,	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT Miss of du Lotalono	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Since Still and,	
Place ANEW July Date Mode St. 1937	Manner of injury
A P	Nature of injuryX
9. UNDERTAKER Sulfage	24. Was disease or injury in any way related to occupation of deceased?
(Addiss) Agellas md.	If so, specify (Signed) (Signed)
20, FILED 11/87 193/ LEtoy Sweeth	(Signed) M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

E	tample I	li li	Example II		
The principal cause of dea of importance were as follows:	th and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	ESTELVE	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	DEC 6 1937	July 5, 1927	Peritonitis	3 days ago	
	BUREAU V.				
Other contributory causes	of importance:	~ ~ ~ .	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	98-0
County Worcester	WITHIN CORPORATE LIMU Registration Dist. No. 350
Village or City Pocomoke City	No. St. Ward
< (OF	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Charlotte Lemple I	ecco If U. S. Veteran, specify WAR
(a) Residence: No. 509 market	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH NOVENBER 17
T W Widowed	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	22 I HEREBY ERTIFY. Thet I attended deceased from
(or) WIFE of Charles H. Lewis	NOVEMBER 9-1937 to NOV. 12- 1937
6. DATE OF BIRTH (month, day, end yeer) May 29, 1856	Hast saw h alive on NOVEMBER 11 -1937; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at 1030Am.
8/ 5 /3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importence were es follows:
8. Trede, profession, or particular kind of work done, as SPINNER,	Vate of onset
SAWYER, BOOKKEEPER, etc. / Tousework	Cardio-Vascular Schenosis 7
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this recursition (month and	
SAW MILL, BANK, etc	
O this occupation (month and spent in this occupation coupation	
0 - 0 +	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Seate De ente d'a
	med type (Exhaustion) Stands
E ACCE AND 1	
14. BIRTHPLACE (city or town)	Name of operation
15. MAIDEN NAME Kathana Phillippa	What test confirmed diagnosis?
	23. If deeth wes due to external ceuses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
30.00	(Specify city or town, county and State)
17. INFORMANT Portugale City	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Cemetery	Menner of injury
Place Saxis, Va, Baptist Oate Vov. 17, 1937	Nature of injury
al a Bradela	24. Wes disease or injury in epolway related to occupation of deceesed?
19. UNOERTAKER City	If so, specify
M. 11 37 1 6 10 1	(Signed) A Lachtall / M. D
20. FILEO/600. 17, 190/ Cline Co. Thele	7) 7 7 1/2

V. S. No. 1

ż

tD. Every item of infor-

should state OCCUPA-

PHYSICIANS Exact statement

EXACTLY.

IARGIN RESERVED FOR BINDING

properly classified.

it may

OF DEATH in plain terms,

very important.

See instructions on

certificate.

jo

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year 4146

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIA	N
------------------	-----	---------	------------	------------------------	----------	---

V. S. No. 1

of OCCUPA-

STATE OF MARTEARD	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County // torcester	Registration Dist. No. 3
Village or City Near) Lindle Tree Pt	Yvo. \ St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME Still home Merril	If U. S. Veteran, specify WAR
(a) Residence: No. Mear) Sindletter My	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrighthe word)	21. DATE OF DEATH
Wale Mute Single	(Month) (Day) (Year)
5e. If married, widowad, or divorced	(mining) (but)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended dacassad from
V n 1 d 2 0	1922, 10
6. DATE OF BIRTH (month, day, and year) / 10 7, 1, 1901	Hast saw hath elive on Mart A. 19; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at, m.
X X or/_min.	The PRINCIPAL CAUSE OF DEATH and related causas of Importanca ware as follows:
8. Trade, profession, or particular kind of work dona, es SPINNER,	somot know.
SAWYER, BOOKKEEPER, etc.	(accidental abortion)
kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date daceased last worked at this occupation (month and	(see over)
SAW MILL, BANK, etc	
yeer) occupation yeer	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Man June 12.	
(Stete or country)	
13. NAME George V Varlungton Merritt 14. BIRTHPLACE (city or town). I leg brange	
= 14. BIRTHPLACE (city or town) The January	Name of operation Date of
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME VIOLA Way Project. 16. BIRTHPLACE (city or town). Dejagange.	23. If death wes due to external causes (VIOLENCE) fill In elso the following:
5 16. BIRTHPLACE (city or town) Pelejakange	Accidant, sulcida, or homicide?
(State or country) may land.	Where did Injury occur?
17. INFORMANT Viola May Merrit.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Gerdletribe, R. F. D.	1
18. BURIAL, CREMATION, OR BEMOVAL	Manner of injury
Place Dun place Date 1/1/ 1937	Neture of injury
good monito	24. Was disease or injury in any wey related to occupation of deceased?
19. UNDERTAKER / +CO., // , // CAddress)	If so, specify
11/4/ 37 RA (11	(Signed) 1 steerwood Jerus M.D.
20. FILED 19 19 A Charles Registrat.	(Address) Snow Hill, Hel

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	- 1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SP	AGE FOR FURTHER STATEME	ENTS BY PHYSICIAN
	1 1 -	
Toliens claims lo	hand had about	you accidental the
colling me I mas	called to stop	hemorrhage & did
not see Broduct of	1 conception to	A Tell . 10
	+ /	M.S. tomis.

STATE (OF N	ARYI	AND-	CERTI	FICAT	E OF	DEATH
			AIL		1 10/11		

/ 1	1. PLACE OF DEATH			(1/-2)
	County Worcesles.			Registration Dist. No. 3 6 2
	Village or City Berlin. (If d			NoSt.,Ward
	Length of residence in city or town v	where death occurred	yrsm	osds. How long in U.S. if of foreign birth?yrsmosds.
	2. FULL NAME & du	rard	J. mo	Erris . If U. S. Veteran, specify WAR
	(a) Residence: No.	Berl	in mid	, St., Ward.
-	NA PROPERTY OF THE PROPERTY OF		lace of abode)	If nonresident give city or town and State
-	PERSONAL AND STAT			MEDICAL CERTIFICATE OF DEATH
3	SEX 4. COLOR OR RAC	OR DIVO	MARRIED, WIDOWED, RCED (write the word)	(Month) (Day) (Year)
5a.	HUSBAND of Cor) WIFE of	. mor	ris.	22. HEREBY CERTIFY. That I ettended deceased from to to the tended deceased from the total statement of the tended deceased from the tended deceas
ů 6.	DATE OF BIRTH (month, day, and year)			I last saw h Marive on Www 2, 197; death is sald
- 1	AGE Years Mont	hs Days	If LESS than	to have occurred on the date stated above, atm.
	about 70		1 day,hr	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	8. Trade, profession, or particular kind of work done, as SPINNE	R.		Theule Intersty-
T from	SAWYER, BOOKKEEPER, etc	P		that negatiles
Dac UP/	work was done, as SILK MILL, SAW MILL, BANK, etc.	Jar	nier.	
occupa.	10. Date deceased last worked at this occupation (month and year)	11. To	tal time (years) spent in this occupation	
Instructions HER 12	BIRTHPLACE (city or town)	Maryl	and.	Other Combitory Cause of Importance:
2	(State or country)			-
	13. NAME Jame	oma	res.	<u> </u>
FATH	14. BIRTHPLACE (city or town)	nary	and.	Name of operation
~	Country of Country)	1 0		What test confirmed diagnosis? Was there an autopsy?
OTHER	15. MAIDEN NAME Charl	olle. Ja	soett.	23. If death was due to external causes (VIOLENCE) fill In also the following:
MO	16. BIRTHPLACE (city or town) (State or country)	Mary	and.	Accident, suicide, or homicide? Date of injury, 19 Where dld injury occur?
very important.	(Address)	your	Jr.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL			Manner of Injury
13	Place Berlin, 8	nd Date Y	rv. 26,193'	Nature of Injury
NOLL 19). UNDERTAKER W,	Burk	m. I	24. Was disease or Injury In any way related to occupation of deceased?
20). FILED 200 26, 1937 C	OV Mun	ford Klef Registrar.	(Signed) (Address) (Address) (Address)
i i	I	f more blanks are need		at, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	À	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis DEC 3 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
			^
Other contributory causes of importance:		Other contributory causes of importance:	7-1-21
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF	MARYLAND—CERTIFICA	TE	OF	DEATH
		b .		

1	13	">	9	5
1	6	0	0	()

1. PLACE OF DEATH		LIMITS	
County Morcesler	•	Regist	tration Dist. No. 350
Village or City Com	ohe City	No	St., Was NAME instead of street and number)
Length of residence in city or town who	era daath occurrad 77 yy	os20_ds. How long in U.S. if of foreign bi	rth?mos
2. FULL NAME / Oyma	n M. Miblett	If U. S. Veteran, specify W	AR 10
(a) Residence: No. Caland	(Usual place of abode)	St., Ward.	resident give city or town and State
PERSONAL AND STATE	STICAL PARTICULARS	MEDICAL CERTIFIC	CATE OF DEATH
Male White If marriad, widowed, or divorced	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATHY ON. (Month)	30, 193.7 (Day) (Year)
DATE OF BIRTH (month, day, and year) AGE Years Months	Det. 10 - 1894 Days If LESS than 1 dayhi 20 ormin.	I last saw hauer alive on	ll P.m.
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Horeman 11. Total tima (years) spent in this occupation by security spent in the se	Malignant turnon, small Side: Cuso? Other Cantributary Causes of importance:	freed of Jakel Side Side Start 19
(State or country) 13. NAME Sudney	Willett	_	
14. BIRTHPLACE (city or town)	trong ()	Name of operation	Data of
(State or country)	wyland.	What tast confirmed diagnosis?	Was thera en eutopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 7. INFORMANT (Addrass)	Sayland Thislast	23. If death was due to external causes (VIOLE Accident, suicide, or homicide? Whera did injury occur? (Specify Specify whether Injury occurred In INDUSTR	Date of Injury, 19
B. BURIAL CREMATION OR BENOVAL Place Alla Hill Cle	M. Data Dec. 3 ,1937	Manner of injury	
O UNDERTAKER Statue (Addrass) Socomo	the city mg	24. Was disease or injury in any way related in it so, spacify	()
0. FILED DIC, 2, 1937	annet. There Registrar.	(Signed) (Address) Poloni	age City- rud

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis DEC 4 1137	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			141

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. -WRITE PLANTY, WITH UNFADING INK-THIS IS A PERMANENT IN nation should be carefully supplied. AGE should be stated EXACTLY. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	RIO M
County Le orcents	Registration Dist. No. 30/
Village or CityPlear assow I fell	No. St., Ward
Length of residence in city or town where deeth occurredyrs,mos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME 9500 35 95000	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE OR DIVORCED (write tha word) S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH 193 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. THEREBY CERTLEY. Thet i attended decaesed from
6. DATE OF BIRTH (month, day, and year)	I last saw h Aud alive on 19 ; death is said
7. AGE Years Months Deys if LESS than	to have occurred on the date steted ebove, at 5,20 Ps.m.
7 6 1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade, profession, or perticular kind of work done as SPINNER. P &	A l
kind of work dona, as SPINNER, P. P. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc. 10. Date decased last worked at this occupation (month and spent in this occupation).	o ly auto accident lino
10. Date decaased last worked at this occupetion (month and year) 11. Total tima (years) spent in this occupation	
12. BIRTHPLACE (city or town). Penna.	Other Contributory Causes of Importance:
(State or country)	
II 13. NAME andre Pennell	
14. BIRTHPLACE (city or town) 90 2 11.	Neme of operation
(State of County)	What test confirmed diegnosis? Was there an eutopsy? Y
15. MAIOEN NAME Caling Caulin,	23. If death was due to extarnal causes (VIOL ENCE) fill in also the following:
15. MAIOEN NAME toliza Coulin, 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Colden Date of injury 23, 190
(State or country)	Where dld injury occur? T. M. Specify city or town, county and State)
17. INFORMANT & Treet Della One	Specify whather injury occurred in INOUSTAY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL	Manner of injury auto Culliseine
Place 132 27 0 79 Data 1100.28, 193?	Neture of Injury Propries nect!
19. UNDERTAKER It ame I bring	24. Was disease or injury in any way related to occupation of deceased?
(Address) snow freg	If so, specify
20. FILED 11/24 , 19 37 LELoy Swith,	(Signad) M. D
Registrar.	(Apprass) During yell grad

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonítis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Every item of infor-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	1. PLACE OF DEATH	46-0
	County Horseller WITH	Registration Dist. No. 350
	Village or City Joenne the Ruy	No. 507 St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
		ds. How long in U.S. if of foreign hirth? yrs mos ds.
	2. FULL NAME Many Z - Thelip	
	(a) Residence: No. / 507. 8 (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH NOV. (Month) (Day) (193 / (Page)
	5a. If marriad, widowed, or divorced HUSBAND OF (or) WIFE of B. Phellef.	22. HEREBY CERTIFY. That I attended deceased from Nov. 20 , 1937
ate.	6. DATE OF BIRTH (month Jay, and year) Hours TLESS than	to have occurred on the data stated abova, at 1-P m.
certificate	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
o jo	8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Date of onset
back	9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc.	intest the Enterty 1293/
on	9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc	
instructions	12. BIRTHPLACE (city or town) Howevier Co-mq	Other Contributory Causes of importanca:
tru	(State or country)	Vagenous James ?
insi	13. NAME M. H. Comany	enlialing !
See	14. BIRTHPLACE (city or town) Maylalad (Stata or country)	Neme of operation
;	# 15. MAIDEN NAME Julia Pools	What tast confirmed diagnosis? Was there an autopsy?
important	o 16. BIRTHPLACE (city by town) Maughand	23. If death was due to axtarnat causes (VIOLENCE) fill In also the following: Accident, sulcide, or homicida?
	17. INFORMANT John 13. Phillip	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
is very	(Addrass) Toesmoteo Cany	
	18. BURIAL, CREMATION, OR REMOVALE Plage Calls Lill Conf. Data Dec. 1 1937	Mannar of injury
TION	19. UNOERTAKER That I bergand	24. Was disease or Injury in any way raiated to occupation of decaased?
	(Addrass) Abcomole City my	If so, specify
	20. FILEO ROV. 20, 1927 Anne C. Mile Registrar.	(Signed) M. D. (Address) Accorded Rug

V. S. No. 1

WRITE PLA

ż

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEC 4 193	July 5, 1927	Peritonitis	3 days ago
V. S.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN						

STATE OF	MARYL	AND-CI	ERTIFIC	ATE	OF	DEATH
----------	-------	--------	---------	-----	----	-------

	1. PLACE OF DEATH County Occupies	Besidesting District 2 42 2
	Village or City Orlin and	Registration Dist, No. St. Ward
		death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurred	de file for give U.S. If of foreign birth?yrsmosds.
	2. FULL NAME / CHILLIPOLIC	Oran, specify WAR
	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVERCED (Smith word)	21. DATE OF DEATH (Month) (Day) (Year)
- 36	B. If merried, Widowed, or divorced HUSBAND of (or) WIFE of	22. LIPER 5 BY SERTIFY. Thet I attended deceased from
6.	DAYE OF BIRZH Onth, Lay, Indican Itilloru	I lest sew h-Leng elive on Clebborgs; death is said
certificate	AGE Years Months Days If LESS than 1 day,hrs. ormin.	to heve occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 S	SATTER, DOUNTELLEN, SIL.	stelleru
back	SAW MILL, BANK, etc	
Instructions on b	10. Date deceased last worked et this occupation (month and year)	Other Contributory Causes of importance:
ructio	2. BIRTHPLACE (city or town) (State or country)	
Inst IER	13. NAME Seory's Jures	
FAT	(State of country)	Neme of operation Date of Whet test confirmed diagnosis? Was there an autopsy?
HER HER	15. MAIDEN NAME Edith White	23. If death wes due to external ceuses (VIOL ENCE) fill In also the following:
MOTHER	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
	7. INFORMANT Deorge Turce. (Address) Derlan ma	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
S	B. BURIAL, COMMITTION, OR REMOVAL CELLS Date NOV. 6 , 137	Menner of injury
NOLI 19	9. UNDERTAKER (Address)	24. Wes disease or injury in any way related to occupation of deceased? If so, specify
20	0. FILED DVV 6, 1937 I V 96 Sunford	(Signed) (Address) (Addres

V. S. No. 1

N. B.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	[2	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis C 3 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	W . 1 1000	Other contributory causes of importance: Gastroenteritis	
Tausones	May 1,1923	Gastroenterius	1 year

ADDITIONAL SPACE FOR FURT	HER STATEMENTS BY PHYS	ICIAN
---------------------------	------------------------	-------

V. S. No. 1

STATE OF	MARYLAND—CERTIFICATE	OF	DEATH
----------	----------------------	----	-------

- 1	1. 6	63	-	()
1	4	J	4	ن

1. PLACE OF DEATH	-	18		
County Worcesles		Registration Dist. No. 30		
Village or City Ear Snow	14ell	NoSt.,St., death occurred in a hospital or institution, give its NAME instead of street and number	_War	
Length of residence In city or town whare death occurred		ds. How long In U.S. If of foreign birth?yrsmos		
2. FULL NAME Battle an	me Pu	melfif U. S. Veteran, specify WAR 210		
(a) Residence: No. (Usuals	lace of abode)	St., Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PA	RTICULARS	MEDICAL CERTIFICATE OF DEATH		
	MARRIED, WIOOWED. RCED (write the word)	21. DATE OF DEATH (Month) (Day) (1)	7(aar)	
a. If married, widowed, or divorced HUSBAND of (or) WIFE of		(Month) (Day) (Yaar) 22. I HEREBY CERTIFY, That I attanded decaased from		
DATE OF BIRTH (month, day, and year)	- 1934	6,1901,10	9.2.2.8 h Is sal	
AGÉ Years Months Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at		
8. Trade, profession, or particular	ormin.	ware as follows:	of onse	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		Pl. Ale)	
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and		gyono selumo:		
10. Date deceased last worked at this occupation (month and year)	otal tima (years) spent in this occupation	Not known, as to whether an oot it was songe	nital	
2. BIRTHPLACE (city or town) D) any	land	Other Contributory Causes of Importance:		
(State or country) 13. NAME Levin Pur	ell	uningo iran		
13. NAME was guest 14. BIRTHPLACE (city or town) Dany (State or country)	land	Name of operation. Date of	21	
	fredson	What test confirmed diagnosist ———————————————————————————————————	7	
15. MAIOEN NAME able t 16. BIRTHPLACE (city or town) 222 cm. (State or country)	yland	Accident, sulcide, or homicide? Oats of Injury,	19	
7. INFORMANT Charley Has	Gon	Where did injury occur?		
8. BURIAL, CREMATION, OR REMOVAL Place 2007 Common State Property of the C	02.21,198)	Manner of Injury		
9. UNOERTAKER HEARING Y AND HILL	and,	24. Was disease or injury In any way related to occupation of deceased?	0	
0. FILED 11/21, 1937 LE Roy	Swith Registrar.	(Signed) T. Walschell (Address) Mows Hill My	М.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of emlepsy 1 week ago Chronic interstitial nephritis -1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ano Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	SPACE FOR FURTHER STATEMENTS BY PHYS	ICIAN
---	--------------------------------------	-------

1. PLACE OF DEATH	
county worces tev.	Registration Dist. No. 955
Village or City Berlin.	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsds,
2. FULL NAME William P. Ournel	
	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (rurice the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Anne M. Guruell.	22. I HEREBY CERTIFY, That i attended deceased from
6. DATE OF BIRTH (month, day, end year)	I last saw h lan alive on sever 14 1937; death is said
7. AGE Yaers Months Days If LESS than	to heve occurred on the date stated above, atm.
72 90 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of Importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	30
Note this occupation (month end state of the occupation (month end state	Myo cardetio zwiko
work was dona, es SILK MILL, Merchant.	
10. Date decaased last worked at this occupation (month end spent in this / 1) (44.	
this occupation (month end spent in this 50 yrs	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town) Maryland.	Chroni Samulan replante year
(State or country)	+athro- a /cot i
13. NAME 7 adach J. Curnell 14. BIR (UPLACE (city or town). MA	
14. BIRTUPPLACE (city or town) // (State or country)	Neme of operation
	What test confirmed diagnosis?
I Called Committee	23. If deeth was due to external ceuses (VIOLENCE) fill in elso the following: Accident, suicida, or homicide?
State or country)	Where did injury occur?
17, INFORMANT Mrs. William P. Ourwell (Address) (Address)	(Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Menner of injury
Place Buckingham Date Nov. 17, 1937	Nature of injury
19, UNDERTAKER J. W. Burbage.	24. Was disease or injury in any way related to occupation of deceased?
(Address) Berlin, That.	If so, specify
20. FILED 11-17 1937 Helen J. Hagu	(Address) Francisco M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU VOS.	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
----------------	---------	---------	------------	----	-----------

V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12344
1. PLACE OF DEATH	(31)
County Nouclated	Registration Dist. No. 35/
Village or City Colley 13.74.D#/	No. St. Ward
-//	death occurred in a hospital or institution, give its NAME instead of street and number)
0//	. M A
2. FULL NAME (J. M. GLANGE) (D. (FURLY)	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR, DIVORCED (write) the word)	21. DATE OF DEATH NOV. 9 193 7
5a. If married, widowed, or divorged	/(Month) (Day) (Year)
HUSBAND of Cor) WIFE of Denous a Pusey	1 HEREBY CERTIFY. That I attended doceased from
6. DATE OF BIRTH (month, dey, end year) 100, 27 -1566	I last saw h. A elive on 720 9 ; death is said
7. AGE Years Months Deys If LESS then	to heve occurred on the dete steted above, at 12
76 11 12 1dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were es follows:
8. Trade profession or perticular	were estollows: Oate of onset
kind of work done, es SPINNER, James SAWYER, BOOKKEEPER, etc.	1/a
kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this excuration (equation)	011111
10. Date deceased last worked at this occupation (month and 1934 11. Total time (years) spent in this 30 48	
) seal)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Manufacture (State or country)	fre to perhits 1700
	1934
E O	1
Y 14. BIRTHPLACE (city or town) Manufactural (State or country)	Name of operation
	What test confirmed diegnosis? Wes there an autopsy?
± // // // // // // // // // // // // //	23. If death wes due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) () Warus (and)	Accident, suicide, or homicide?
1/24 0 19/12,000	(Specify city or town, county and State)
17. INFORMANT (Address) Orders PRIO P. Tr Tr Tr	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place Hersel, Cerse . Date 101 . 11 1937	Neture of injury
7/200	24. Wes disease or injury in any way related to occupation of deceased?
19. UNDERTAKER / SIGNAL & Stranger	If so, specify
11/12 5788 1. 41	(Signed) M. D.
20. FILED /// O , 190/ Eloy Suell,	- muther Dall

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	100	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
DEC 6 1937			
Other contributory causes of importance: S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	82-0
County Norcester	Registration Dist. No. 35
Village or City Bishop, md. R. J. D	, No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
M : " Wall of the state of the	as. How long in 0,5,11 of foreign birth?yrsmosas.
2. FULL NAME / funde Mauris II	
(a) Residence: No. (Usual place of abode)	St, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH Housewher 18 193 7 (Month) (Day) (Year)
HUSBAND of Mangan Mider	22., I HEREBY CERTIFY, Thet I attended deceased from Nov 16 ,1937, to Nov 18, 1937
6. DATE OF BIRTH (month, day, and year) Oct 13, 1884	liast saw h 22 eliva on 18 1937; daath is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 7.304 m.
0 3 ormin,	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.	Cerebral Hemorbage 11-16-3
A. Irade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decaased last worked at this occupation (month and this property in this.)	
10. Date decaased last worked at this occupation (month and 1936 spent in this occupation.	
12. BIRTHPLACE (city or town) Saltemore (Stata or country)	Other Contributory Causes of importanca:
13. NAME I worknown	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Neme of operation
15. MAIDEN NAME	What test confirmed diagnosis? Was there an autopsy? 23. If death wes due to external causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) LARABORE (State or country)	Accidant, suicide, or homicida? Data of injury
17. INFORMANT Jasie Spawell Sel.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Whatequille Manage Mov 2! 1937	Mannar of injury
19. UNDERTAKER Masha Notion (Address)	24. Was disaasa or injury in any way related to occupation of deceased?
20. FILED Nov, 20, 19 Mas, Pay Berger, Registrar.	(Signad) Jacob M. D. (Address) Secleu M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
MUNICALL V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Onte of onset

of infor-OCCUPAshould item SICIANS Every statement Exact certificate. may back that instructions efully p important. OF DEA pluods

BINDING

RESERVED

ARGIN

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Warre Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. if of foreign birth?_____yrs.____mos.____ds. Length of residence in city or town where deeth occurred. 2. FULL NAME If U. S. Veteran, specify WAR (a) Residence: No. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) 5a. If married, widowed, or divorced HUSBANO of f HEREBY CERTIFY, That I attanded deceased from (or) WIFE of, 19....., to..... 6. DATE OF BIRTH (month, day, and year) to heve occurred on the date stated above, at 130 pm 7. AGE Months If LESS than 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as follows: 8. Trede, profession, or perticular OCCUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc..... 10. Oate decaased last worked at 11. Total time (yaars) this occupation (month and spant in this occupation ... Other Contributory Causes of Importance: 12. BfRTHPLACE (city or town) (State or country) FATHER 13. NAME Name of operation____ 14. BIRTHPLACE (city or town) ____ (Stata or country) What test confirmed diagnosis?_____ Was there an autopsy?____ MOTHER 15. MAIDEN NAME 23. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) ... Whera did Injury occur? Md , Slate (State or country) (Specify city or fown, county and State)
Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL CREMATION, OR REMOVAL Mannar of injury

LION

19. UNDERTAKER

20. FILEO_/LOW,

V. S. No. 1

If so, specify .

Nature of Injury

24. Was disaase or Injury in any way related to occupetion of deceesed?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
The best of the state of the st			A000 000 TI	

V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH	
County Horcesler WITH	Registration Dist. No. 350)
Village or City Comoke City	NoSt.,	Ward
	death occurred in a hospital or institution, give its NAME instead of street and ni ds. How long In U.S. If of foreign birth?	
find of the	If U. S. Veteran, specify WAR 70	
(a) Residence: No. 903 39 37. (Usual place of abode)	St., Ward. If nonresident give city or town and S	C
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	Mate
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED?	21. DATE OF DEATH	_
Hemale White Widowie (1)	(Month) (Day)	193 (Year)
5a. If married, widowed, on divored HUSBAND of (or) WIFE of	22m I HEREBY CERTIFY That I attanded d	eceased from
John W- flewers	nov. 10 th 1937,10 /lov 12	, 19,3;
6. DATE OF BIRTH (month, day, and year) Left. 1-185.4	I last saw h	; death is said
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date steted ebove, at Zm,	
8-3 00 15 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc		/
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc 10. Date decesed last worked at this occupation most hand	- Ameflegia	191
9. Industry or business in which work was dona, as SILK MILL SAW MILL, BANK, etc.	2.	1
10. Date deceesed last worked at this occupation mosth and year) year) 11. Total tima (years) spent in this year) occupation occupation	Primary Cause: Corebral hamovinage.	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance?	
(Stata or country)	en When Calle	-
13. NAME Monroe Louthingham		0.0
13. NAME Mondae Abrithingham 14. BIRTHPLACE (city or town)	Neme of operation Date of	
(Stata or country)	Whet tast confirmed diegnosis? Wes there en eu	itopsy?
15. MAIDEN NAME Olivabelt Sharp	23. If death was due to externel causes (VIOLENCE) fill In also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oete of injury	, 19
(State or country)	Where did injury occur? (Specify city or town, county and State	
17. INFORMANT AND MORE CONTROL OF SO3 - 29 34	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury	
Place Test Grant Color Date JUV: 18 , 193	Nature of injury	
19. UNDERTAKER JANE	24. Wes disease or injury in any way related to occupation of deceased?	
(Address)	If so, specify	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY. properly classified.

TION is very important. See instructions on back of certificate.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

Exact statement of OCCUPA.

STATE OF MADVIAND CEDTIFICATE OF DEATH

1. PLACE OF DEATH	-CERTIFICATE OF DEATH
County war eveter	Registration Dist. No. 314
Village or City Snow I lad mil	ND. St Word
	(If death occurred in a hospital or institution, give its NAME instead of street and number) mos
2. FULL NAME July Fro	n Je
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	198
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. 1 HEREBY CERT1FY, That I attended deceased from, 19, to
6. DATE OF BIRTH (month, dey, and year) M. 6, 1937	I lest saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et
I day,	rs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (morth and	1 1 7
9. Industry or business in which work was done, as SILK MILL,	Till-born
SAW MILL, BANK, etc.	
SDENTIN INIS	
year) occupation	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) Show Dell	
(State or country) many land	
13. NAME Levery Timmono	
14. BIRTHPLACE (city or town) Phil adeplua	Name of operation Date of
. 1 (State of Country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Many Elywhich (ship) 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury 19
E (State or country)	Where did Injury occur?
17. INFORMANT Jany Tamon Carl (Address) Amery July Mills	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manual I. I.
Place Quittet Country Date M. W. 7, 19.3	Manner of Injury
19. UNDERTAKER Lawrence - Fact	
(Address) Smorth bull and	If so, specify
20. FILED A Jan 1937 Musy M. Tayh Registrar.	(Signed) Mary M. Taylor Local Reference. (Address) Adaptaw Mill

V. S. No. 1

-WRITE PLA

ä ż

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by strect car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
3 14 3			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND-CERTIFICATE OF DEATH

12349

1. PLACE OF DEATH	(2)6
county Worcesler.	Registration Dist. No.312
Village or City (Berlin R. J. D.	No. St., War (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs,	.mosds. How long In U.S. If of foreign birth?yrsmosd
2. FULL NAME Bassitt Jumpor (a) Residence; No. Berlin R. F.	A - St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	Marculer 7 103 7
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary June	Jesse 1 HEREBY CERTIFY, That I attended deceased from 19.37, to 200 7 19.37
6. DATE OF BIRTH (month, day, and year) Oyor. 15, 1863 7. AGE Yeers Months Oays If LESS that 1 day,	I last saw h
kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10-Date deceased last worked et bis necuration (month and	Caratrat nemortage 11-7-
10-Date deceased last worked et this occupation (month and 1932 spent in this 504) 12. BIRTHPLACE (city or town) Maryland: (State or country)	Other Contributory Causes of importance:
5 13. NAME William Tionmons	
14. BIRTHPLACE (city or town)	Name of operation Date of Date of What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Mary Lewis. 16. BIRTHPLACE (city or town) Maryland. (State or country) 17. INFORMANT M. Basett Junnous (Address)	23. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Berline, Mad. Date Dov., 10, 193"	Manner of Injury
19. UNDERTAKER D. W. Burbage (Addiess) Berlin, m.d.	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Mar 10/1937 & V Munford	(Signed) J. h. coll M. (Address) Barlin, Kid

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, methanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	
27	1010	Attack of epilepsy	1 week ago
Chronic interstitial nephritis DEC 3 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUNEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH	CERTIFICATE OF BEATT 13000
County Worcester WITHIN CORP.	Registration Dist. No. 350
	ND
m flast	sds. How long in U.S. if of foreign birth?yrsmosds.
7-1-1-1	If U. S. Veteran, specify WAR
(a) Residence: No. // 3 Tiftt Street (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH November 27 4 (Year)
5a. If married, widowad, or divorced HUSBAND of Osuha Stevenson Water,	1 HEREBY CERTIFY. That I attended daceased from
6. DATE OF BIRTH (month, day, and year) May 10, 187 3	liast saw has aliva on Nov 16 , 1937; death is said
7. AGE Yeers Months Days If LESS than	to have occurred on the data stated ebova, at 1:50 A.m.
64 6 / rannin	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date daceasad last worked at this occupation (month and	& - Lamber "/4 57
10. Date daceased last worked at this occupation (month end year) cocupation (continuous)	
12. BIRTHPLACE (city or town) Morthampton County (State or country) / Line same	Other Contributory Causes of Importance:
13. NAME Henry Floyd	
14. BIRTHPLACE (city or town) North ampton County (State or country)	Nama of operation Date of
	What test confirmed diagnosis? Was there an autopsy? . Was
E /2 -4 / t /2 +-	23. If daath was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicida?
16. BIRTHPLACE (city or town) 10 all amplon County (State or country)	Where did injury occur?
17 INFORMANT Custis young.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Addrass) 7/5 Fifth St. Po comote City M	4
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Tree Wood Cemebra Data 11 00 . U 0 , 19 87	Neture of Injury
19. UNDERTAKER J. Edgar Koman	24. Was disaase or injury In any way related to occupation of deceased?
(Address) Uccoma (If so, spacify
20. FILED 100 d 1, 1931 Usine Co. Mille Registrar.	(Signed) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MADVI AND CEDTIFICATE OF DEATH

12250

Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial 'nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Burney V. B. d			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

OCCUPA-

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	10	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	par mai	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN